24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375					
Check if X 24-hour report 48-hour report New report Amends report	M = M / D = D / Y = Y = Y					
	illed off					
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination O2 12 2016					
Mailing Address 2000 Franklin Street	Amount					
City State Zip Code	50.00					
Oakland CA 94612	Transaction ID : D710195 Date of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/ Type	02 / 16 / 2016					
Name of Federal Candidate Support Candidate Support Suppo	Office Sought: House District: 00 President Senate State: SC					
Calendar Year-To-Date	President Senate State: SC Disbursement For: Primary General 016					
Per Election for Office Sought	Other (specify)					
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination 02 14 2016					
Mailing Address 2000 Franklin Street	Amount					
City State Zip Code	50.00					
Oakland CA 94612	Transaction ID : D710196 Date of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/ Type	02 / 16 / Y Y Y Y Y Y Y					
	Office Sought: House District: 00					
BERNARD SANDERS Oppose	President Senate State: SC					
	Disbursement For:					
(a) SUBTOTAL of Itemized Independent Expenditures	100.00					
(a) SOBTOTAL OF ILOURIZED INDEPONDENT EXPONDENTIAL EXPONDENTIAL DESCRIPTION OF ILOURIZED INDEPONDENTIAL DESCRIPTION OF ILOURIZ						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronically Filed] Date	02 17 2016					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼					
	C C00490375					
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y					
Full Name of Payee Date California Nurses Association	Date of Public Distribution/Dissemination M 02					
Mailing Address 2000 Franklin Street Am	nount					
City State Zip Code	50.00					
Oakland CA 94612 Tra	Transaction ID : D710197 Date of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/ Type	02 16 7 2016					
Name of Federal Candidate Support Office Sou	ight: House District: 00					
BERNARD SANDERS Oppose Pres						
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For:					
Full Name of Page						
Full Name of Payee California Nurses Association	te of Public Distribution/Dissemination 02 16 2016					
Mailing Address 2000 Franklin Street Am	nount					
City State Zip Code	50.00					
Oakland CA 94612 Trai	nsaction ID : D710198 te of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/ Type	02 / 16 / 2016					
Name of Fodous Condidate						
Name of Federal Candidate Support Office Soil						
	siderit Seriate State.					
Calendar Year-To-Date Per Election for Office Sought Disbursen 2860.65	nent For: X Primary General Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	100.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronically Filed] Date 02	17 2016					
Signature Date 02	., 2010					

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)	TOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼		
N	ational Nurses United for Patient Protection			C C00490375		
Check if 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee California Nurses Association		M	Public Distribution/Dissemination		
	Mailing Address 2000 Franklin Street		Amount	02 16 2016 t		
	City State	Zip Code		50.00		
	Oakland CA	94612		ction ID : D710199 Disbursement or Obligation		
	Purpose of Expenditure Online Ad	Category/ Type		02 16 7 2016		
	Name of Federal Candidate	Support	Office Sought:	House District: 00		
	Bernie Sanders	Oppose	X Presiden			
	Calendar Year-To-Date Per Election for Office Sought	2860.65	Disbursement 2016 Oth	For:		
	Full Name of Payee		Date of	f Public Distribution/Dissemination		
	California Nurses Association			02 16 2016		
	Mailing Address 2000 Franklin Street		Amount			
	City State	Zip Code		50.00		
	Oakland CA	94612		tion ID : D710200 f Disbursement or Obligation		
	Purpose of Expenditure Online Ad	Category/ Type		02 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	X Support	Office Sought:	: House District: 00		
	BERNARD SANDERS	Oppose	X Presider	nt Senate State: NV		
	Calendar Year-To-Date Per Election for Office Sought	50.00	Disbursement 2016 Oth	For: ☐ Primary ☐ General ner (specify) ►		
	(a) SUBTOTAL of Itemized Independent Expenditures			100.00		
	(-)			7 7		
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	7		
	(c) TOTAL Independent Expenditures		•	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		ically Filed] Date		17 2016		
	Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼					
	C C00490375					
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y					
Full Name of Payee Date California Nurses Association	Date of Public Distribution/Dissemination 02 / 16 / 2016 Amount					
Mailing Address 2000 Franklin Street Al						
City State Zip Code	873.80					
Oakland CA 94612 Tr	Transaction ID : D710201 Date of Disbursement or Obligation					
Purpose of Expenditure Payroll Expense Category/ Type	02 16 2016					
Name of Federal Candidate Support Office Sc	ought: House District:00					
Bernie Sanders Oppose X Pre	esident Senate State: DC					
Calendar Year-To-Date Per Election for Office Sought Disburse 2860.65 Disburse	ment For:					
Full Name of Payee D	ate of Public Distribution/Dissemination					
California Nurses Association	02 16 2016					
Mailing Address 2000 Franklin Street	mount					
City State Zip Code	1886.85					
	ansaction ID : D710202 late of Disbursement or Obligation					
Purpose of Expenditure Payroll Expense Category/ Type	02 / 16 / 2016					
Name of Federal Candidate Support Office So	ought: House District: 00					
Bernie Sanders Oppose Pro	esident Senate State: DC					
Calendar Year-To-Date Per Election for Office Sought Disburse 2860.65	ement For:					
(a) SUBTOTAL of Itemized Independent Expenditures	2760.65					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	3060.65					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronically Filed] Date 02	17 2016					
Signature						

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